

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		1				
11		1				
12		1				
13		1				
14		3				
15		3				
16		3				
17		3				
18		3				
19		3				
20		3				
21	1					
22		1				
23		1				
24		1				
25		1				
26		3				
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	49					
TOTAL CLAIMS	53					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						